Blue Earth County Human Services

Handbook for Foster Parents

FOSTER CHILD INFORMATION

PREFACE

This handbook was prepared for you.

WHY?

* To provide a reference to policies used in administering the Foster Care Program.

* To offer community resources and suggestions on solving some of the daily problems of foster care.

* To promote the development of a working team relationship among the agency staff, administration, and foster providers.

Periodically, we will be sending you new information in order to keep your handbook current. Upon receipt of the new material, please replace the new information and discard the old.

CONTENTS

DEFINITIONS

Case Manager:	The social worker from the supervising agency that will be placing a child into foster care and supervising the development of the case plan. The term case manager will be seen in this handbook interchangeably with social worker.
Child:	The term in this handbook refers to foster child/children of either sex.
CHIPS:	A Petition filed with Juvenile Court that a child or children are in need of protection or services.
Correction Order:	A written document issued by the Department of Human Service to a licensed foster home to assist the home to remedy a violation of a licensing rule or law. (See Family Foster Care Licensing Rule section.)
DHS:	Department of Human Services.
Disqualification Set Aside:	A written determination by DHS that a license disqualification is permanently removed from further review.
Dual License:	A single family home holding a license to provide two separate functions, such as child day care/foster care, child foster care/adult foster care. The licenses are usually issued at separate times following individual assessments. Dual licenses must have the approval of DHS.
Emergency Relative Placement:	Foster care provided by a relative (legally defined by Statute 260.181, Subd. 3 as members of a child's extended family and important friends with whom the child has resided or had significant contact). Within three working days of placement in a relative home by signed voluntary placement agreement, police hold, or CHIPS Petition, a home safety check must be completed and fingerprint background check releases must be signed along with the relative placement application. Kinship providers are expected to follow through promptly with the full licensing process.
Foster Family Home:	A family home licensed to provide one or more types of care for children who are unrelated to the family. See page 9 for types of foster homes.
GAL:	Guardian ad litem. Guardians ad litem are appointed by the Court in CHIPS cases and sometimes in delinquency and custody cases. Their purpose is to provide the court input regarding the "best interest" of the child/children.
Juvenile Delinquent:	A person under 18 years of age found to be in violation of the law as it pertains to juveniles.
Legal Guardian:	A court-appointed guardian of the child in the absence or with the permission of biological parents.

License: The document issued by the Commissioner of Human Services authorizing the applicant to provide services described for a specific period of time.

Licensing: The process of the assessment, education, and preparation of the applicant by the licensing agency to assure the requirements of the license are met.

License Limitations: The limit capacity prescribed by the license as to number, age, and sex of persons who may receive care at any given time.

Licensing Worker: The social worker responsible for the licensing and supportive services for foster homes and their families.

Negative Licensing Action: An action against a license as a result of serious and/or repeated violations of the licensing rule, i.e. conditional, suspension, or revocation.

Probation: Rules and regulations imposed by the Court.

Probation Officer: Assigned by the Court for the purpose of supervision to juvenile delinquents.

Related: Any of the following persons related to the child by a marriage, blood or adoption: parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, niece, nephew, uncle, or aunt. It also includes a legally-appointed guardian.

Relicensing: The annual or biannual reviews/evaluations of foster homes by the licensing worker and evaluation of the staff by the foster home. As a rule, caseworkers also evaluate homes at this time. Licenses may now be issued for a two-year period of time.

Status of Home: This refers to the availability of a home for placements on an ongoing basis: open for placement, closed, full, rest, leave of absence, and suspended.

Status Offender: A juvenile who has been detained in the system for offenses that would not be applicable to an adult such as truancy, curfew, incorrigibility, and minor consumption.

Variance or Waiver: Written permission from either DHS or a designated agency to disregard a particular section of the licensing rule, for example, capacity, age, dual license, criminal, or child protection disqualification.

POLICIES

LICENSING

LEGAL BASIS

Legislative mandates and Department of Human Services rules regulate the process of licensing a foster home, the placement of a child in a foster home, and services provided to foster children.

Foster Care Licensing:

Human Services Licensing Act, MN Statute 254A. The intent of this legislation is to establish foster care as substitute care and govern the operation of family foster care homes and group family foster care homes for children and adult foster homes for adults.

Department of Human Services Rule 9545.0010 - 9545.-0260 is the Minnesota licensing standard for family foster care homes in the state of Minnesota. All family foster homes should have a copy of this rule which is available through the licensing workers of the supervising agency.

Agency policies and procedures assist in compliance with child and foster care licensing rules and statute(s).

Foster Care Services:

Specific foster care laws, such as Minnesota Statute 257.071, mandate case plan development and review for each child in foster care placement.

Department of Human Services Rule 9545.0010 - 9545.0260 (and others) defines requirements and services of foster family home care.

Minnesota Statute 626.556 mandates the reporting of maltreatment of minors. See page 14.

Data Privacy:

Legislation has made special provisions for use of private data. During the course of licensing, a worker has asked many questions. It is your right to be informed of the intent and purposes of collection of private data. A specific procedure also assures you accuracy of content as well as generally requiring your written consent to release private information. There is respect, concern, and consideration for your personal privacy. Any information regarding specifics on your family is considered private data. General information that is available to the public includes the name of home licensed, the address, license capacity, status of the license, and whether there are correction orders.

As a foster provider, any information available to you about foster children and their families should be kept confidential and may not be released to others. The same concern for privacy extends to children in placement. Any request for photographs, interviews, or publicity of any kind involving a foster child requires legal consent forms indicating agreement of the legal parents or guardian.

Changes:

Changes to be reported to the supervising agency:

* Change of address (the license will not forward in the mail);
* Change in family composition;
* Telephone numbers, unlisted telephones, or employment phone numbers;
* Changes in employment of either spouse;
* Emergencies;
* Illnesses that require special treatment or hospitalization;
* Vacation/absences, leaving the state with the foster child requires written consent of the agency and/or legal parents or guardian; and
* Serious injury to the foster child.

Annual Evaluation:

There is a yearly follow-up involving shared comments by placing and licensing staff with the family foster home. The program and its workers are evaluated by the foster providers as well. During this time, future placements are discussed in terms of the home's capacity, experience, and tolerances that they have discovered in working with children in their care.

All foster homes must be reevaluated annually or biannually. If required, the licensing worker will discuss recommendations for license renewal with the foster providers. The recommendation is then submitted to the Department of Human Services which reissues the license for the coming year or two years.

TYPES OF HOMES

Interim:	Caring for children expected to return home within 3 to 12 months or, alternatively, placed for adoption or permanent guardianship. Maximum of eight (8) children in the home, including the family's "own" children. No more than six (6) can be foster children. No more than three (3) under age 2, unless there is one adult for every 3 children under age 2 or non-ambulatory.
Long-Term Placement:	A court-ordered placement intended to continue until child reaches age of majority.
Emergency Shelter:	Maximum 30-day placement.
Special Services:	Trained or experienced in providing extraordinary care or services (i.e., physical handicap, mental retardation, mental illness).
Restricted:	Licensed for specific child and may not accept children other than the specifically-named children.
Kinship:	MN Statute requires to first look for maternal or paternal relatives and kin as foster providers. Kin includes persons child has previously lived with or had significant relationship with. Children can be placed with relative or kin in an emergency and within 3 days. Must have completed application, background check releases to proceed in completion of licensing process for foster care.

Exceptions:

Siblings placed together--maximum number eight children total.

Family has eight children of their own under age 18.

Child needs to be placed again in same home.

Expansions:

A home licensed in child foster care can be considered for additional program consideration in situations where individuals wish to do day care in addition to provide foster care or provide foster care for adults as well as children. The following will be completed in these circumstances:

* Assessment of services provided in the past by consumers.

* Compliance of additional regulations of the program being considered.

* Specific plan to safeguard needs of children/individuals in their primary service.

* Define license capacity for each program. The home must continue to be in compliance with the regulation for both programs.

* Dual license must have special approval from DHS.

TRAINING

The Department of Human Services requires that foster parents participate in training.

* 6 hours of initial orientation/training prior to receiving the first child in placement.

* Prior to placement of children 8 years and under, the caregiver must take an approved car seat safety class. This class must be taken every five years.

* Prior to care for infants, foster parents must complete the approved sudden infant death syndrome and shaken baby course. This class must be retaken every five years.

* Prior to care, foster parents must view the Children's Mental Health DVD. Each licensing year, providers must take at least one hour in approved Children's Mental Health training.

* 12 hours annual training related to foster care.

* 18 hours required for emergency homes, special services homes, or group family foster homes.

Possible training topics may include:

Child and adolescent development
Communication skills
Roles and relationships
Community services for children
Methods of discipline
Constructive problem-solving
Basic first aid
Home safety
Human sexuality
Juveniles and the law
Working with foster child's birth parents
Reactive detachment disorders
Fetal alcohol spectrum disorders
Impact of Chemical Dependency on Families

Training Resources:

Agency: Providers will be informed by e-newsletter or through U.S. mail of available training. Training sponsored by Blue Earth County, Department of Human Services, Minnesota Adoption Support and Preservation, and many other entities offer training without cost. Other opportunities are available at low cost. Training hours can also be documented for other activities that help prepare foster parents to care for specific foster children. Examples of this would include school staffings, team meetings, physical therapy, speech therapy, medical specialists, and others. If a care provider has any questions about whether something will be accepted as training, they are to contact their licensor. Foster providers to receive credit hours must provide written documentation with a signature to verify completion.

Associations: Minnesota Foster Parents Association: The State Association offers conferences and workshops in addition to an informative newsletter. Learn more about the association from their website, minnesotafostercare.org.

Community The school districts and other organizations announce educational

Education:	opportunities. Subject matter similar to topics outlined in this manual can be discussed with the agency worker for appropriateness.
Other training:	With prior approval from the licensing worker, training that incurs a fee may be reimbursed to the provider.

LIABILITY INSURANCE

Minnesota Joint Underwriting Association
Pioneer, P.O. Box 1760
St. Paul, MN 55101
(651) 222-0484
(651) 222-7824 (fax)
Beth Divine

Coverage:

If you are a foster provider with the State of Minnesota licensed by the Department of Human Services, you are automatically covered by the group liability policy at no cost to you. This policy provides coverage only with respect to activities as a foster parent.

* Injury to someone (not living in the foster provider's home) by a foster child.

* Property damage to someone else's property caused by a foster child.

* Injury to the foster child by the alleged negligent care by the foster provider.

In case you are accused of injuring someone or damaging something because you are a foster provider, an attorney is provided by the insurance company. Your obligation is to cooperate with them.

The limits of coverage are $250,000.00 per incident and up to $500,000.00 in one year. These limits are for each foster home.

Exclusions:

The major exclusions or what is not covered by this policy include:

* Injury to the foster provider or member of the foster provider's family.

* Damage to any property that is owned by, rented to, or leased by the provider.

* Dishonest, fraudulent, criminal, or malicious acts.

* Any injury or property damage resulting from the operation or use of a motor vehicle.

* Bodily injury arising out of or resulting from sexual abuse of a minor.

Claims:

Notify your case manager or licensing worker of any claim or incident that may result in a claim at a future time as soon as practical after its occurrence. Our insurance company is great to work with. They want to provide coverage, even if the claim is small. Do not hesitate to inquire about coverage.

GRIEVANCES

Policy:
This policy outlines the grievance process between Blue Earth County Human Services and licensed providers of family child care, adult foster care, and family foster care.

Purpose:
The Grievance Policy is used to resolve areas of disagreement between foster care providers and agency staff involving agency policy, procedure, or practice.

Procedures:

Providers who receive their license through Blue Earth County Human Services may have a disagreement with the agency as it relates to practice or procedure. When a disagreement arises, the following process will be followed:

1. Prior to filing a grievance, it will be expected that steps toward a conciliation will be taken. These include:

    a. Provider and agency licensing staff make direct efforts to resolve disagreement.
    b. Provider contacts social services supervisor about unresolved concerns. This contract may be phone, face-to-face, or written contact. Supervisor responds accordingly and attempts to resolve conflict.

2. If the issue is not resolved at this level, the provider will complete a written grievance requesting resolution of a disagreement between themselves and the agency. The written complaint should include a statement of the issue/concern and action desired and be addressed to the Human Services Director. Appendix E.

3. Within ten (10) working days of receipt of the request, the Director will respond to the grievance. This action may be a written response, formal meeting, etc.

4. The decision of the Director will be communicated in writing to the provider and a copy placed in the licensing file.

Certain actions are not to be grieved. These include contractual agreements, placement decisions, or civil rights issues.

MANDATED REPORTING OF ABUSE, NEGLECT, AND MALTREATMENT

LEGAL BASIS

Minnesota Statutes 626.556 and 626.557 mandate foster care providers to report suspected physical abuse, sexual abuse, or neglect of children and vulnerable adults; require the investigation of such reports; and mandate provision of counseling and protective services in appropriate cases.

Definitions of Maltreatment, Physical Abuse, Sexual Abuse, Neglect:

In brief, **physical abuse** can be defined as: Any physical injury inflicted by parent, guardian, or other person responsible for the child's care on a child other than by accidental means or any physical injury that cannot be reasonably explained by the history of the injuries provided by the parent, guardian, or other persons responsible for the child's care. **Sexual abuse** can be defined as: The subjection by the child's parents, guardian, or other persons responsible for the child's care to any act which constitutes a violation of the Minnesota statutes related to criminal sexual conduct. **Neglect** can be defined as: Failure by a caretaker to supply the child with the necessary food, clothing, shelter, health care, or supervision. Vulnerable adults are also included in these general definitions.

Who is Responsible to Report:

Any professional or his/her delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, or law enforcement. Foster care providers are also mandated reporters.

The Reporting System:

A verbal report should be made immediately by telephone or in person. Contact the local social service agency or contact the local police department. Verbal reports may need to be followed with a written document identifying the following:

* the child;
* the parent, guardian, or other persons responsible for the person's care;
* extent of the injury; and
* the name and address of the reporter.

Reports received by the police department are forwarded to the local social service agency in writing. Any person participating in good faith and exercising due care in making of a report shall have immunity from any liability, civil or criminal. Any person required to report suspected physical or sexual abuse or neglect who willfully fails to do so shall be guilty of a misdemeanor.

Ombudsman for Mental Health and Mental Retardation Reporting Requirements:

The Minnesota Legislature passed legislation which requires providers (including child and adult foster providers) to report all client(*) deaths and serious injuries to the Ombudsman for Mental Health and Mental Retardation within 24 hours after the death or serious injury occurs. Serious injury is defined as:

* fractures;
* dislocations;
* evidence of internal injuries;
* head injuries with loss of consciousness;
* lacerations involving injuries to tendons or organs and those for which complications are present;
* extensive second-degree or third-degree burns and other burns for which complications are present;
* extensive second-degree or third-degree frostbite, and others for which complications are present;
* irreversible mobility or avulsion of teeth;
* injuries to eyeball;
* ingestion of foreign substances and objects that are harmful;
* near drowning;
* heat exhaustion or sunstroke; and/or
* all other injuries considered serious by a physician.

(*)A client, under this law, is defined as any person served by an agency, facility, or program who is receiving services or treatment for mental illness, mental retardation or a related condition, chemical dependency, or emotional disturbance.

The Office of the Ombudsman can be reached at 1-800-657-3506. An answering machine is available for nights and weekends.

NOTE: The local social services agency must also be notified immediately.

ALLEGATIONS OF ABUSE AND NEGLECT IN FOSTER CARE

Allegations:

Inherent in the role of being a foster parent comes some risk of being the subject of an allegation of abuse or neglect of the children in care. This is not unlike the risk that teachers, child care providers, and others in close emotional and physical contact with children experience. Like these other professionals, foster parents do bear somewhat more scrutiny by the community and certainly the other people directly involved in the child's life, including their legal parents and the child himself. Fortunately, there are people who recognize that their contribution as teachers, scout leaders, child care workers, and foster parents is so valuable to the children and the community that they continue to maintain their commitment to their various roles.

Even so, being the subject of a child protection assessment can be unsettling. Information about the assessment process is provided to help moderate those feelings in the event this occurs. (Locate the brochure "Process for Assessing Child Abuse Reports in Families" in the cover pocket.)

Does Abuse Occur:

Out of all recent reports of abuse or neglect in foster care that the Department of Human Services has received, 70 percent have been found unsubstantiated and 30 percent substantiated. Abuse occurs in foster care for many of the same reasons it occurs in the general population. Foster providers can lose control, especially when under stress and dealing daily with some of the very difficult children in foster care. You can reduce your risk of allegations of abuse occurring by following recommended discipline techniques and by keeping a brief journal of observations and events occurring with a foster child. This can be especially helpful if a child is injured in any way while in the foster home.

Consequences for Licensing and Placement:

If the allegation is very serious and is from a reliable source, all foster children may be removed while the investigation is in process. If the allegation of abuse is substantiated, the foster provider's license may be immediately suspended, made probationary, or later revoked. Sometimes the allegation of abuse is unsubstantiated, but something may have occurred that does violate the licensing rule. The consequences of a rule violation include a formal Correction Order requiring specific actions meant primarily to assist the provider in preventing additional rules violations. The status of the foster care license could be changed to temporary suspension or probationary. Foster parents have the right to appeal any such action, and there is a formal process in place to do so.

THE TEAM

AGENCY

The team work concept involved in foster care surrounds the common goal of the best interests of the client. Family foster care is one of the most effective alternatives selected when out-of-home care is needed for children.

Roles:

Assessment Worker:	Worker who investigates allegations of maltreatment. Ongoing cases are turned over to case managers.
Family Case Manager:	Social worker who works with the family and the child and assumes the responsibility for the treatment plan development, implementation, and follow-up.
Licensing Worker:	The agency person who works directly with foster families to support their efforts in working with children, provide ongoing training, and act as facilitator when necessary to maintain communications.

Responsibilities:

Specific foster care laws define mandated services. In general, the agency is responsible for coordinating all efforts in helping families and providing safe environments for children. Specific requirements for children entering care are listed on the Agreement Between Foster Provider and Placement Agency. (See Appendix B.)

FOSTER PROVIDERS

ROLE

Foster providers provide the day to day care and guidance for the individuals in their care. They are to be supported in this role by the case managers and the licensing worker. The care of the child has many aspects, including:

Physical:

This should include providing good nutrition and a clean and safe home environment. The home shall be adequately lit, attractively decorated, and a comfortable temperature shall be maintained at all times. Each individual in care shall have a comfortable, well-maintained bed with clean linen. Oversight of appropriate, clean clothing and attendance to hygiene is expected.

Medical/Dental Care:

In providing medical care, the foster providers need to follow and update the health history of each individual in care as well as be aware of symptoms of illness and disease for which to seek treatment. Ongoing written documentation by foster providers of medical issues is recommended. Meeting routine medical needs of children in care is the responsibility of the provider, unless other arrangements have been made. Preventive health care such as immunizations or dental care is also included. Except for specialized medical care needs or extenuating circumstances described in the case plan, it is appropriate for foster providers to use their own physicians and dentists. Foster providers are responsible to contact the agency in the case of serious illness or injury immediately or as soon as possible.

Safety/Supervision:

It is the foster provider's responsibility to ensure the safety of the foster child. In providing day-to-day care, it is our agency's expectation that a foster provider or a designated responsible adult be present or aware of the child's activities and whereabouts at all times or as described by the placement plan developed by the case manager.

Educational:

After enrollment, which can be a shared responsibility between case manager and foster providers, guiding the child to regular school attendance and monitoring the appropriateness of the program are expected of the foster provider.

Social:

Assisting with the child's integration into the family, neighborhood, and community is essential. All individuals in foster care should have the opportunity to participate in some form of physical recreation.

Cultural/Spiritual:

Foster providers should respect the child's cultural and spiritual background and provide the opportunity to practice and/or participate in activities that enhance the individual's spiritual belief and culture.

Team Membership:

Foster providers are a member of the team that develops and implements the case plan for each child in their home. The foster providers are encouraged to respectfully assert their opinions regarding the child's case plan, and to work collaboratively as a member of the team to achieve the goals of the case plan.

RESPONSIBILITIES

Foster providers make a commitment to provide care to children within State and County guidelines. Expectations include:

Case Plan:

Foster providers may be requested to arrange appointments and/or transportation for medical/dental/ counseling appointments, educational activities, or visitations.

Foster parents may have to coordinate schedules for frequent contact for children and their parents to meet reunification requirements.

Safety Measures:

The foster home is to be maintained to comply with safety standards as outlined in the respective foster care rule. Smoke detectors, CO2 detectors, and fire extinguishers should be in working order at all times. A first aid kit should be well-stocked. Emergency numbers should be readily available.

Stimulating Home Environment:

Providers need to be responsive to the age and individual developmental needs of the children in the family's care.

Travel:

The agency needs to give permission any time a child or foster care provider is to be away from the foster care facility (but remains in the state) for more than three nights. Permission must also be given if a child leaves the state. The agency may give blanket permission for an identified routine purpose.

Discipline/Guidance:

Guidance needs to be provided in a loving, caring way. Corporal punishment cannot be used with foster children. Families need to be aware of behaviors not tolerated in their families. If suggestions are needed for appropriate discipline strategies, the caseworker or licensing worker are to be supportive and offer appropriate resources.

Use of Alcohol:

Alcohol is still the most commonly used and abused drug in America. Alcoholism and alcohol abuse on the part of parents are often primary factors in precipitating a child's placement in foster care.

Foster providers should be able to present healthy alternatives to environments fraught with such problems. This does not mean that foster providers must abstain from use of alcohol, but it does require responsible use. Drinking to the point of intoxication is not responsible behavior. It may put the foster child in jeopardy, particularly in the event of an emergency.

Our expectation is that a foster provider or designated caregiver shall not drive any vehicle while under the influence of alcohol with a foster child present in that vehicle. Any DWI/DUI history will be explored in the licensing process. If there is a concern about alcohol or other chemical use patterns either at the time of licensing or at any point following licensing, a chemical dependency evaluation may be required.

Confidentiality:

Providers must keep information about children in their care and their families confidential.

Mandated Reporting:

Foster providers are obligated to report incidents of abuse and neglect they become aware of to the proper authorities.

Education:

Providers need to be willing to participate in training opportunities offered by the agency.

Placement:

Families need to recognize the appropriateness of recognizing their own family limits and needs. They may need to ask for special services for the foster child or their own family. If an individual in their care needs to be removed, adequate notice to the agency is requested in order to find another home.

WHAT FOSTER PROVIDERS MAY EXPECT

* Adequate reimbursement for the important services they perform;
* Meaningful participation in planning for the individuals in care and appropriate agency attention when requested;
* Support services including respite care when needed;
* The ability to arrange provisions for substitute care;
* The opportunity to express their point of view to the case manager regarding court hearings for children in their care;
* Access to facts relevant to their work;
* Fair placement practices within the realm of the placement agreement;
* Fair notice of any placement changes;
* Current communication on policy and program changes;
* Personal and professional growth; and
* Recognition and respect.

BIRTH/LEGAL PARENTS

Responsibilities:

When the child's parent(s) has signed a voluntary placement agreement, the parents retain legal custody of the child/children. The parent(s) then has the following rights and responsibilities as spelled out in the agreement: (See Appendix A.)

* To keep the agency informed at all times of their whereabouts;
* To pay for the care of the child as agreed upon with the agency;
* To visit the child according to the schedule worked out with the agency;
* To consult with the agency before removing the child;
* To cooperate with the agency in all ways for the best interests of the child; and
* To be consulted, and permission obtained if possible, for surgery or major medical treatment.

Rights:

If a child is placed through the Court, generally a dependency, neglect, or delinquency petition (CHIPS Petition) has been filed. In court actions, both the child and the parent(s) have a right to their own legal counsel. The Court appoints a guardian ad litem for the child and will appoint legal counsel for the parent(s) if they cannot afford it. The Court may order that specific conditions may be spelled out regarding visits. The birth/legal parent(s) has the following rights with regard to court:

* Legal representation;
* To be notified of all court hearings involving their child/children;
* To request review hearings;
* To have their opinions known to the Court; and
* To appeal final orders of the Court.

Placement Plan:

Within 30 days after the placement of the child in foster care, state law requires that a case placement plan be prepared. The legal/birth parent(s) participates in and has a right to counsel in the preparation of this plan. The plan spells out the following:

* Problems necessitating the placement;
* Specific actions to be taken to correct them and the time period involved;
* Financial responsibilities of the parent(s) for the child/children;
* Visitation rights and obligations of the parent(s);
* Services to be provided to the parent(s), child/children, and foster providers;
* Expected date of child's return home;
* Efforts that will be made to reunite the family; and
* Notice to parent(s) that placement could result eventually in termination of parental rights.

The foster providers should be fully informed of the provisions of this plan and receive a copy.

Visitation:

For placements of less than 30 days, visitation is usually scheduled by the case manager. For voluntary placements exceeding 30 days, visitation is usually specified in the written case placement plan. In court-ordered placements, visitation is specified in a court order and/or rehabilitation contract. Court orders and rehabilitation contracts should be considered as binding for the parents and for the agency and foster parents.

Parents have a right to visitation unless denied by court order. Visits may take place in the child's own home, in the foster home (as agreed to by the provider), at the agency, or elsewhere depending on the individual's situation. Agency personnel, such as the child's case manager, may be present during the visit.

Since the goal is generally to reunite the family and there is a strong emotional involvement between the child and the legal/birth parents, visitation is a very important part of the placement process. There are many situations which can lead to a child being placed in foster care. Whatever the reason, it is difficult for most birth/legal parents to accept having someone else acting as parents to their child. Foster providers have the challenging task of providing a stable environment and good parent modeling to the foster child, while working with the agency and case manager, and maintaining a working relationship with the birth/legal parents. At the time of placement, the birth/legal parents may feel frustrated, inadequate, hurt, and guilty. To cope with these feelings, the parents may act defensive, angry, or even indifferent.

What to expect:

* The problem(s) causing the placement may continue during visitation, (e.g., emotional problems, alcoholism, unpredictability, etc.).

* Before and after visits, the child's behavior may temporarily worsen.

* The child may play his/her parents against the foster providers in an effort to deal with his or her own inner conflicts.

* The foster providers may have difficulty responding to the child's parents because of the child's emotional response.

* The child's parents might experience feelings of frustration, guilt, or inadequacy about their own parenting and a sense of competition with the foster providers. These feelings are not unusual but can cause conflicts - especially for the foster child.

Although any or all of these might normally occur as a result of visitation, it is an important part of the treatment process. Problems regarding visitation should be discussed with the child's case manager as part of that process. The case manager can offer assistance to you in resolving your feelings about visitation problems.

Some parents may recognize the positives to foster care, be able to verbalize their feelings about the placement, and work cooperatively with the agency and the foster providers. Parents are encouraged to be involved in other ways with their children during placement (e.g., clothing selection, school activities, telephone contacts, etc.), when appropriate. Some parents may find visitation too emotionally painful and make themselves unavailable or may not show up at the last minute.

Consider:

* Children identify with their parents, carry images of them in their own minds, and are part of them. (For this reason, they may view criticism of their parents as criticism of themselves.)

* Children with emotional problems may have unrealistic pictures of their parents.

* Children may deeply miss the parents as the roots to their past and may feel a loss of part of themselves.

* Children usually develop their own explanations for the parent leaving them which may be exaggerated fears of rejection, abandonment, or even death.

Visitation Benefits:

* To help bring out the child's repressed feelings about separation. Keeping those feelings buried can use up a lot of the child's energy, interfere with his/her functioning, and keep him/her from establishing relationships with others, including the foster providers.

* To help both the child and foster providers see the parents more realistically.

* To help the child know he/she is still important to his/her parents and is not abandoned.

* To help reinforce positive parenting skills in their contact with their child. This process can be aided by the case manager in working with the parent; it is often modeled by the foster providers.

Helpful Hints for Foster Providers:

<u>DO</u>:

* Do support the efforts of the parents. (Remember, in most cases, the goal is for the child to go back to the parental home.)
* Do hold children accountable. Discipline and enforce rules.
* Do assist children in articulating their feelings and behaviors.
* Do listen. Ask open-ended questions.
* Do check out any stories that the child may tell you about the parental home setting.
* Do try to encourage contact with the child's parent's home.
* Do maintain a balance between the parent and the child.
    - Maintain the contact with the parents.
    - Spend some time getting to know the parents as "people."
    - Consult the parents regarding major decisions with their child. (Most parents consider getting a child's hair cut a major decision. Please consult with them.)

<u>DON'T</u>:

* Don't play games. Be honest and nonjudgmental.
* Don't try to replace the parents.
* Don't pass moral judgment or undermine the parents.
* Don't overreact to criticism.

FOSTER CHILD

The central concern of all involved with foster care is the growth, development, and well-being of the child. In most cases, the eventual goal is to reunite the child with his or her family.

Separation:

When a child is removed from birth/legal parents and environment, the child will almost always experience the trauma of separation. Regardless of the circumstances, the child's own family and home provided some sense of identity and security.

The way a child expresses feelings about being separated from family cannot be predicted. The feeling may be held inside so the child may seem overly quiet or withdrawn. The child may act out emotions in all sorts of ways, such as behaving very aggressively, defiantly, bragging, or demanding.

Emotions and behaviors may be linked to the child's attempts to cope with separation as outlined on the following pages.

Stages of Separation and Loss:

Stage 1: Shock, Denial, and Protest:

In this initial stage, children try to stop the loss from occurring or deny that the loss has occurred. When children in family foster care are in the shock and denial stage, they may do a lot of crying; or a child who has been sexually abused may block out the experience and tell no one.

* Toddlers can walk around the house looking for their mother.
* Children will deny that they have been physically abused.
* Children will deny that they have been removed by seemingly not reacting to separation, relating and acting as if they are carefree.
* Children will continually ask to go home.
* Children will deny there is anything wrong with their family.
* Children often turn to a fantasy world where hope still flickers that parents will reclaim them, thinking any day their family will come and take them home.

Stage 2: Bargaining:

In some ways, children feel that they can make a deal to make the situation go away. They feel there must be some atonement, some action they can do to forestall the threat of what is happening. The child often may feel guilt connected with the bargaining stage. The children in the bargaining stage begin asking the question, "Why am I here?"

- Some children decide that they are no good and that something must be terribly wrong with them and this explains why they were taken from their families. They figure that if they could fix the thing that they did wrong, they could go home.
- Some children decide that their parents are bad or have problems; but they will forgive and forget all of that in order to return home.
- Some children decide that the "system" (caseworker, teacher, foster parent) is no good. They feel that if they can only get a new caseworker or different foster parents or a new judge or school, everything would be okay.

Stage 3: Anger:

- Anger turned outwards is evidenced by children acting out with aggressive and hostile behavior.
- Anger turned inward is evidenced by depression.

The following are signs of depression:

- Excessive fear.
- Lack of interest or ability to engage in normal, expected activities of a child at that stage of development.
- Clingy behavior.
- Lack of expected affect from happy or sad experience.
- Anxious behavior and nightmares.
- Withdrawal from relating to peers and adults.
- Suicidal gestures, which may include in younger children, placing themselves at risk, running into streets, jumping from high places.
- Substance abuse and sexual promiscuity.
- Poor school performance.
- Poor hygiene and physical appearance.

Stage 4: Understanding and Coping:

Understanding and coping is the beginning of letting go of the powerful feelings of grief. This is when children can understand in a more realistic way, according to their age, abilities, and emotional development, what happened to them and why. Coping allows more energy to apply to the tasks of life, and there is a sense of hope for the future. Children may begin to express more easily both positive and negative feelings about their parents and their life circumstances.

UNDERSTANDING AND HELPING CHILDREN WITH THE IMPACT OF SEPARATION AND LOSS

Age	Developmental Task	Effect of Separation and Loss	Help to Minimize Trauma
Infant	Infants develop a sense of security and trust from day-to-day experiences. Their primary job is to develop a sense of trust in others. By 7 to 9 months, knows family members and fears others. Dependency on mother decreases as trust develops.	They react to difference in temperature, noise, visual. They may lose their sense of being able to rely on the environment and the individual within it. May become less flexible.	Keep changes in daily routine to a minimum. Focus on rebuilding trust in adults is a major task.
Toddler	They separate from their mothers and begin to develop self-confidence and self-esteem and begin to feel capable of doing things themselves.	Damage the child's sense of independence, self-confidence, and self-esteem. Toddler may regress to younger behaviors. Be aware of all events surrounding a separation or loss as similar events will spark memories in the future.	Need help developing independence or a balance between dependency and independence. Tolerate clingy behavior as they do not trust adults will be there when they need them. May behave like they want to parent themselves. Need opportunities for trust and autonomy and efforts to control their environment.
Pre-schooler	Getting good at self-care at home, the age of questions, becoming more of an individual and more independent. Tremendous interest and excitement with the world. Developing language skills.	Not really conceptual thinkers, magical thinkers, world is confusing, fear of abandonment, susceptible to misperceptions as to the reason for moves, and will blame self.	Listen for odd or peculiar statements as to clues regarding the child's misperceptions. Language delays most common in abused or neglected children. Need consistency and predictability to regain sense of trust and control.
6- to 10-year-old	Mastering the world. Learning in school, developing motor skills, and same-sex peer relationships. Moral development includes a heightened sense of right and wrong, and the issue of fairness is very important.	Age of assertion and anger; thus, their response to loss can cause serious results. Increased abilities to understand and conceptualize, but they need help to reason out loss. Having mixed feelings is normal.	Interferes with ability to learn and develop friendships. Regression to earlier stages. Need to know about earlier years for self-identity. Sexually-abused children need nurturing in nonsexual relationships. Need help with peer relationships, poor school performance, and identifying and managing angry feelings.
Adolescents	Need of peer group versus need to belong in family. Abundant sexual and aggressive impulses. Beginning to find place in world. Wants independence from family. Control battles common. Developing intellectual and reasoning abilities. Sense of belonging and peer relationships are very important.	Loss taps adolescent emotional instability and impulsivity. Complicates issues of identity and self-esteem. Separation from family at a stage of desiring independence confuses the anger.	Need to be full participants in the helping plan. Need to feel their desires are considered at all times. Need help acknowledging and managing sad and angry feelings and low self-esteem. Need to be acknowledged for responsible behaviors. Need help in resolving sexual issues in nonsexual relationships. Need support in peer relationships (i.e., peer pressure).
A move/loss is a time of "high arousal" and discomfort for children. Being aware of all their feelings and responding in a helpful way can support the attachment process between the child and new family.			

Hints to Help Adjustment

DO:

* Respect the child's feelings for the past.
* Listen.
* Respect the child's loyalty to the biological family.
* Maintain the child's cultural heritage.
* Encourage educational and spiritual growth.
* Maintain a nonjudgmental attitude.
* Involve the child in the privileges and responsibilities of your home.
* Maintain contact with the birth/legal family.

DON'T:

* Probe.
* Threaten. (Example: "I'll tell your worker" or "I'll send you back home.")
* Criticize or judge the birth/legal parents.

Discipline:

Discipline should be viewed as a continuing process moving external discipline toward internal self-discipline. It is an essential part of raising children, and it should be viewed as a learning experience so that the child will develop accepted patterns of behavior and responsibility. Discipline should be constructive rather than destructive and can be accomplished with kindness and understanding. In addition to any form of unusually severe or cruel punishment, foster children may be extremely hurt by verbal abuse, derogatory remarks about them or members of their families, or by threats to expel them from the foster home. **Depriving a child of meals or family visits as a method of discipline is a cruel punishment for a foster child and is prohibited.**

Corporal punishment is prohibited. This would include but not be limited to: physical contact with a child for the purpose of inflicting pain (spanking, slapping, pinching, shaking, biting); prolonged isolation; unreasonable physical consequences (such as extensive calisthenics); and psychological and emotional deprivation. Any exception to this policy must be delineated in a written treatment plan and have prior approval of the caseworker, birth/legal parents, caretakers, and licensing authority.

Physical restraint may be used when a child's behavior demands immediate control in order to protect himself, other individuals, or property. There are many methods of discipline, and the appropriate type should be selected for each individual child. Joint discussions between foster providers and case managers as to appropriate discipline and management plan for each foster child is helpful. This discussion should be held at the time of the initial placement as well as during the child's stay in the foster home. Below are some ways to determine effective discipline for your home:

Consider:

* Consider the child's age and level of social, intellectual, and emotional maturity.

* Consider the parents' and the child's needs to talk and listen to one another for an understanding of how the other thinks and feels.

* Establish definite limits and guidelines for the child's behavior and let the child know that he/she will have to assume consequences of any behavior outside these guidelines.

* Consider the child's need to understand the reason for the disciplinary action.

BILL OF RIGHTS FOR FOSTER CHILDREN

Even more than other children, society has a responsibility along with parents for the well-being of foster children. Citizens are responsible for acting to ensure their welfare.

Every foster child is endowed with rights inherently belonging to all children. In addition, because of the temporary or permanent separation from and loss of parents and other family members, the foster child requires special safeguards, resources, and care.

EVERY FOSTER CHILD HAS THE INHERENT RIGHT:

Article I

To be cherished by a family of their own, either helped by readily-available services and supports to reassume their care, or by an adoptive family or plan, or by a continuing foster family.

Article II

To be nurtured by foster providers who have been selected to meet the child's individual needs and who are provided services and supports, including specialized education, so that they can grow in their ability to enable the child to reach his/her potential.

Article III

To receive sensitive, continuing help in understanding and accepting the reasons for the legal/birth family's inability to take care of him/her, and in developing confidence in their own self-worth.

Article IV

To receive continuing loving care and respect as a unique human being - a child growing in trust in self and others.

Article V

To grow up in freedom and dignity in a neighborhood of people who accept him/her with understanding, respect, and friendship.

Article VI

To receive help in overcoming deprivation or whatever distortion in their emotional, physical, intellectual, social, and spiritual growth that may have resulted from early experiences.

Article VII

To receive education, training, and career guidance to prepare for a useful and satisfying life.

Article VIII

To receive preparation for citizenship and parenthood through interaction with foster providers and other adults who are consistent role models.

Article IX

To be represented by an attorney at law in administrative or judicial proceedings with access to fair hearings and court review of decisions, so that his/her best interests are safeguarded.

Article X

To receive a high quality of child welfare services, including involvement of the birth/legal parents and their own involvement in major decisions that affect their life.

PLACEMENT

PLACEMENT

Voluntary:

* Occurs when the child's parents are in agreement with the foster placement.
* A Voluntary Placement Agreement is signed.
* The parents maintain custody of the child.
* The length of stay normally does not exceed a six-month period.
* Beyond a six-month period, a CHIPS Petition is usually initiated.
* The Petition may result in the Court giving temporary custody of the child to the County.

Involuntary:

* A Child in Need of Protection or Services Petition (CHIPS) is submitted to the Court by a concerned party, usually a child protection assessment specialist or child protection case manager.
* A court decision indicating that it is in the best interest of the child to be temporarily removed from his/her parental surroundings.
* Temporary custody of the child is then given to the County and the length of custody can vary from three months to one year.
* If the child is unable to return home at the expiration of the court order, custody will be reviewed.

Most Common Placements:

* Neglect or abused child;
* Child with mental or physical disability with medical/supervision needs;
* Child with emotional problems unable to cope in their own home;
* Teenagers having adjustment problems in their own home;
* Teenagers previously in group or treatment centers requiring a transitionary placement;
* Teenagers who have been adjudicated delinquent and need supervision;
* Child awaiting adoption or placement; and/or
* Due to medical or other conditions, parents are unable to care for their own children.

Placement Considerations:

* Child's best interests;
* Least restrictive placement alternative in the most family-like setting possible;
* Close proximity to the birth/legal family, if possible, and with consideration for the child's best interests.
* The child's unique, special needs;
* Wishes of the parents and child;
* Lifestyle of the foster family;

* Cultural and ethnic background;
* Number and ages of other children in foster home;
* Preference of foster providers;
* Skill of foster providers;
* Geographic location - school system, relatives and friends, rural or urban desirability; and/or
* Religion.

Pre-Placement:

Whenever possible, a pre-placement visit occurs which gives the child, case manager, and prospective foster providers a chance to acquaint themselves and discuss the placement. The length of the visit can vary from a few hours to an overnight stay. Following the visit, if it is agreed that the placement is appropriate, a date will be set for the child to move in. Often, this could be the same day. In the event the foster providers feel that the placement would not be in the best interest of the child or their family, the reason should be discussed with the worker. Foster providers should not feel obligated to accept a placement just because a pre-placement visit or phone contact has been made.

Initial Placement:

When a child is placed, a foster child information form (see Appendix B) will be given to the foster providers by the social worker.

General information should include:

* Child's full name, age, and date of birth;
* Child's legal status - if the agency has temporary custody or the child's parents have custody;
* Reason for placement;
* School attended, grade, and achievement;
* Child's medical history and current medical needs, if any; medical authorization card or number, if available then; name of medical vendor, if specified;
* Habits of child and developmental stage;
* What behavioral problems to anticipate;
* General information about child's family;
* Name of case manager; and
* Rates of care for the child and a determination if an initial clothing allowance is needed.

Babysitting/Substitute Care:

The selection of any substitute caregiver should be done with extreme care. Under State law, criminal background checks must be performed on anyone providing substitute care for foster care for any length of time exceeding 24 hours. In general, substitute care plans should be discussed with the child's case manager or the agency's foster home licenser.

Before using your own adolescent children as your child care providers, they must demonstrate their ability to deal appropriately with the special needs and circumstances of your foster child(ren). They need to have specific instructions regarding contact with the foster children's parents and need to be able to reach you or another adult by phone for immediate guidance and intervention if necessary. Finally, your foster child's case manager shall be aware of and approve of your use of your own adolescents as a child care provider.

Your adolescent foster child shall not provide child care to your children or other foster children unless permission is specifically authorized by the child's case manager.

Relief Care Policy:

Many children in the foster care system are unable to go home for visits. This relief policy is primarily to provide relief care to foster providers where foster children do not go on home visits or where the child has very difficult behaviors to manage.

Relief care may be available at the rate of two days per month with the approval of the case manager. On rare occasions, time may be banked up to two weeks but only with prior approval of the case manager. In cases where there is disagreement with the foster care provider in regard to relief care, the grievance procedure may be followed.

The preferred relief care provider would be a person already licensed to do family foster care. However, foster care providers may use unlicensed providers if a background check has been completed and the person has been approved by the case manager. Ask your licenser for assistance to locate a relief provider if necessary.

Reimbursement for relief is described in the financial section.

Placement Policies for Children (Miscellaneous):

* Foster providers may be requested to enroll the child in school.

* If a physical exam is needed after placement, the foster provider may be asked to make the appropriate arrangements.

* The case manager and foster provider will evaluate the clothing needs of the child at the time of placement and determine, within agency limits, whether an initial clothing allowance is needed. (See Initial Clothing Allowance, page 42.)

* A case manager must be informed when a foster family plans to take a foster child out of town for overnight stays. The case manager should also be consulted prior to allowing a child any overnight stays outside the foster home.

* 9650.0620 Child's or Foster Care Provider's absence from residential facility. The local agency's permission must be obtained any time the foster care provider or child is to be away from the residential facility for more than three nights or if the child leaves the state for any period of time. The local agency may give specifically-defined blanket permission for departures from the state if a provider or child regularly leaves the state for an identified, routine purpose.

* The foster care rate can be maintained for a child over 18 years of age for purposes of completing their education according to the placement plan.

* In cases concerning mentally and/or physically disabled individuals, long-range plans may include foster care extended into their adult lives.

* Foster providers are not authorized to grant consent for certain activities and procedures. For these, you need to obtain written permission of the child's legal guardian, which is often the parents or the Commissioner of Human Services.

Consult with your case manager preceding the event of any of the following situations:

- Baptism;
- Consent for publicity (example, pictures in newspapers);
- Licenses that require guardian permission (driver's license, hunter's license, marriage license);
- Medical surgery;
- Name changes;
- Purchase of any motorized vehicle;
- Enrollment in a private or parochial school; and/or
- Allowing unauthorized visitation.

Termination:

Whenever possible, the goal of the agency is to return the child to his/her biological family's home. Both the child and foster providers should be prepared for the separation, and the case manager will help make the transition as easy as possible. It is important for the foster providers to talk to the child about going back home in positive terms.

There are occasions when a foster provider or case manager determines that another substitute care home would be more beneficial for the child. In this case, it is expected that a two-week notice will be given before a change is made. This gives the child a chance to prepare for a different setting as well as giving the agency time to find a new home.

There are times when a child may be removed from care without much notice to the foster providers. Situations such as these occur when the Court orders the child be returned home or when a parent who had signed a voluntary placement agreement requests his/her child back without much notice to the agency. These situations are normally beyond the control of the placing worker.

EMERGENCIES

EMERGENCY 911

CASE MANAGER'S OFFICE PHONES.....APPENDIX C

SOCIAL SERVICES EMERGENCY CALLS AFTER 5:00 P.M. .....(507) 304-4319

Medical:

* Seek professional medical care immediately.

* Present the individual's medical I.D. card to the physician or hospital; however, inform them that you do not have the authority to give medical consent.

* Immediately contact the foster child's case manager.

* The case manager will immediately contact the parent or guardian.

* During working hours, if you are unable to locate the case manager or supervisor, request the intake worker.

* If after working hours, contact the on-call social worker.

* If you have not received a medical card yet, do not pay for prescriptions out of pocket. HyVee (downtown) allows foster providers to charge for prescriptions until Medical Assistance is approved.

Runaways/Missing:

* Notify the police as soon as you have determined that the child has run away and is not just late.

* Notify the case manager, the parents, and other people who need to be informed.

Probation Clients:

* If the run occurs over the weekend, a missing person's report needs to be filed with the police.

* The probation officer should be contacted during courthouse hours in order that a warrant be issued.

Dangerous Behavior:

* Immediately notify police and case manager.

Fire:

* In the event of a fire which required contact of a local fire department, foster providers should contact the licensing worker after the danger has passed. If foster children should be moved as a result of the fire, the child's case manager should be contacted as well.

FINANCIAL

CHILD FOSTER CARE RATES

Daily Basic Maintenance Foster Care Rates (2013):

Foster parents receive monthly reimbursement for each child in care. The reimbursement is based on the child's age plus difficulty of care.

Age	Basic Per Diem	30-Day Month
0-11	$21.69	$650.70
12-14	$24.97	$749.10
15-18	$25.84	$775.20

The County does not mandate specifically how this reimbursement is spent. It must be used for the care of the child. This is a list of some of the uses of this money, but it is not all inclusive:

- Food
- Clothing
- Diapers for infants and toddlers
- Shelter expenses
- Personal hygiene items
- School supplies
- School and community activities
- Allowance
- Non-medical travel expenses

Medical transportation for doctor's visits and other medical and mental health treatment may be reimbursed by Medical Assistance. This mileage needs to be prior authorized by the Medical Assistance worker before the appointment. This can be done by telephone. Keep track of mileage for each trip and a copy of an appointment card for documentation.

The following suggested monthly budget has been developed by Blue Earth County and should be used as a guideline but not interpreted as a mandatory allocation. These costs come out of the daily rate from above. NOTE: When a child is given difficulty of care (D.O.C.) points, the extra monthly allocation to the provider should be used to cover additional expenses in caring for that child.

SUGGESTED MONTHLY BUDGET				
Age of Child	0-3	4-9	10-14	15-18
Clothing Allowance	$60.00	$65.00	$75.00	$80.00
Allowance		$16.00	$32.00	$40.00

Negotiation with a child or youth about using allowance or income from a job to pay for basic need items needs approval from the case manager.

DIFFICULTY OF CARE

Difficulty of care rates (D.O.C.) are paid to foster care providers who have a child with a disability, behavioral problems, or require special care. D.O.C. is paid in addition to the basic daily foster care rate.

The case manager is responsible for completing the D.O.C. eligibility assessment within the first month of placement. The case manager and foster provider evaluate each placement to determine whether a D.O.C. rate is appropriate. When a D.O.C. rate is recommended, the case manager will complete the Rate Justification form; and a copy is submitted to each individual, including the foster provider.

Difficulty of care costs cannot be claimed retroactively earlier than the first day of the month in which the assessment was made, signed, and dated.

The difficulty of care rate must be reassessed:

1. At the end of 12 months;
2. At the request of the foster provider;
3. When an individual is placed at a different facility; or
4. If the child's level of needs/care changes.

If the required special care has lessened in the time of the review, the case manager may recommend reducing the D.O.C.

GENERATION OF REIMBURSEMENT CHECK FOR DAILY CAREGIVING

It is the responsibility of the case manager for the child to enter data in the accounting program to generate the foster care payment. The supervisor approves the reimbursement.

Sometimes it may not be clear, in emergency cases, that a case manager has been assigned. The foster parent may assume that the individual who removed the child from his/her care is responsible for insuring payment. If you have questions regarding payment, contact the case manager. They should be able to address any problems with payment. If the problem has not been addressed within 48 hours, call the licenser.

The goal is to submit data in a timely way so that foster families are reimbursed quickly. Errors are occasionally made. It is recommended that foster parents also keep a record of names, ages, and date entering and exiting placement as well as the date of reimbursement. Placement reimbursement occurs on or about the first of the month following the month in which the care was given.

RELIEF CARE REIMBURSEMENT

Respite care is brief foster care provided to biological families as part of a child welfare or mental health case plan. **Relief care** is defined as substitute foster care provided for foster families who have ongoing placements who do not have overnight home visits with their biological families. The purpose of relief care is to provide a consistent opportunity for foster families to balance their needs with those of the foster child by being relieved of their duties. Foster families will be provide one day of relief care each month. Additional relief care will be at the provider's expense in consultation with the case manager. The current exception will be children who are transitioning to a pre-adoptive placement.

It is important to communicate honestly and openly about the impact of a child's placement on your family and your need for support to ensure a successful and enduring placement. A request to vary from this policy starts with the case manager and reviewed by the supervisor. This can take up to five days.

The foster family continues to be reimbursed for care on these relief days. Foster families are not required to use their allotted monthly relief care and can accumulate and use no more than six continuous days of reimbursed relief care. Foster parents may look back no more than six months to accumulate relief care days. For example, if the family wishes to take off in July, the relief care must be earned from January onward. Please inform your worker of your intent to accumulate relief days.

GENERATION OF REIMBURSEMENT CHECK FOR RELIEF AND RESPITE CARE

The reimbursement rate for relief and respite care is $25.00 a day. The child's case manager will enter the data required for reimbursement after the provider sends them an email or a note through the mail with their signature and the date. The message needs to include the child's name, the date the child came to your home, and the date they left. Comments about the respite are encouraged and helpful for future planning.

EMERGENCY SHELTER PLACEMENT

Providers who are requested to provide immediate care for a child are reimbursed at an emergency shelter care placement rate of $35.00 per day. Shelter care will not continue past 30 days. At that point, a daily rate plus DOC points should be in place.

CLOTHING

The foster child's clothing allowance is included in the monthly foster care payment rate. Foster providers are expected to monitor adequate provision of clothing for children in care and may need to budget according to seasonal purchases and individual need. Foster parents are responsible for assuring that purchases of clothing are appropriate for children in care. The agency is supportive of the child's family's participation in the payment of clothing purchases.

Receipts are not required to document clothing purchases for ongoing placements. When children leave care it is expected that they will have adequate clothing to take with them.

Initial Clothing Allowance:

An initial clothing allowance is available for children at the time of the child's first placement out of their parental home.

Initial clothing needs will vary from child to child. In all cases, approval for an initial clothing allowance **must come from the case manager**.

At the time of placement, the case manager and foster provider will evaluate the clothing needs of the child and determine whether an initial allowance is necessary and how much will be allowed. It will be rare for a child to have the maximum allowance approved.

Current maximum clothing allowances can be found on the Blue Earth County Human Services website. Find the Licensing page. Look under Child Foster Care; Provider.

The allowance must be utilized during the first 60 days of the initial placement and must have prior authorization from placing social worker. Typically with emergency placements, the worker will authorize $25.00 to $50.00 to tide the provider over until a more thorough inventory can be taken and further items from the family home can be gathered. It is appropriate to project ahead to clothing needs in the next 60 days, taking into account anticipated seasonal changes; but further projections must be approved by the case manager.

MEDICAL COVERAGE

The private medical insurance of the biological family will be the primary medical coverage for the foster child. Medical Assistance will be the secondary coverage.

Children who are in foster care are eligible for Medical Assistance (MA). If they already are on MA at the time of placement, you should be given the MA number by the case manager. Present this to the doctor, dentist, or pharmacist at the time of service. If the child does not already have Medical Assistance, the case manager will apply for it promptly and coverage will be retroactive to the date of placement.

We have had issues of lengthy delays in issuing the Medical Assistance card. Inform the medical provider that the child is in foster care and contact the social worker for assistance.

HyVee Pharmacy (downtown) will allow foster parents to charge prescription medication until the Medical Assistance is approved.

Medical mileage is paid by Medical Assistance. Submit a signed appointment card and the miles to the financial assistance worker along with the child's name. If services require overnight stays, MA may pay for meals and lodging; this must have prior authorization by the financial worker.

OTHER RESOURCES

School Lunches:

Foster children may qualify for free or reduced school lunch rates through the local schools. Please check with your child's school for application and eligibility.

WIC:

Foster children up to age 5 and pregnant nursing adolescents are income-eligible for the WIC Program (Women, Infants, and Children). They may be eligible to receive food vouchers for infant formula, cereal, and juice or milk, cheese, eggs, and beans. WIC also provides nutrition education. For information, call Blue Earth County Public Health.

MAC:

MAC (Mothers and Children Food Program) is for children under 6 years old and women who have given birth in the past year who are NOT on WIC. Because MAC and WIC are similar, the same person cannot be on both programs. But if one person in the family is on WIC, another person can be on MAC. MAC foods include: canned fruits, vegetables, and juice; cereal and macaroni or rice; butter, cheese, and dry milk; canned meat, egg mix, and peanut butter or beans; honey and cornmeal. To find out about MAC registration guidelines and/or to register, call the Minnesota Valley Action Council.

Forgotten Children's Fund:

Reimbursement for some special needs (i.e., school pictures, class rings, field trips, music instruments, music lessons) may be available from the Forgotten Children's Fund administered by the Department of Human Services. Contact your case manager or licenser for further information.

SELF:

SELF (Support for Emancipation and Living Functionally) money may be available for special needs of adolescents ages 16-21 years in out-of-home placement. For further information, contact your case manager or licenser.

Training Resources:

Blue Earth County Foster Care Support Group. This group meets the third Thursday of every month from 6:30 pm. to 8:30 p.m. Held at the Wow Zone (2030 Adams Street, Mankato, Minnesota, 56001).

Minnesota State University Secondary Traumatic Stress Online Training. The training is an online module you watch and complete the online quiz. The cost is $15 and has a value of 1 credit hours.

Directions for navigating to Secondary Traumatic Stress online module:

Open this link: http://www.cehd.umn.edu/sse/cascw/default.asp

- The page that will come up will be the University of Minnesota Driven to Discover page. On the right-hand side under CASCW Quick Links click on the Online Modules. It will open the online modules list of courses. Foster Care Parents will have a section towards the bottom of the page. It will list 12 separate courses to choose from, choose which one most interests you and it will bring you to that specific page with directions for the module.

MN Adopt Training webpage. This is a resource offering classroom courses to attend and some webinar courses. This may give multiple options to various trainings, on the left-hand there is a Post Adopt Trainings Calendar.

- The Post Adopt Calendar, when opened, offers a calendar of various classroom and webinar trainings that are offered throughout he months and the placements they are located (vary from Mankato, Minneapolis, St. Paul, Bloomington, Rochester or more).

The foster parent college offers training courses for adoptive, kinship and foster parents. It includes over 35 training opportunities that vary from 2 to 4 credit hours varying from $10 to $20.

To navigate there. Open the link that will open on the home page of foster parent college http://www.fosterparentcollege.com/

- There will be a list in the top of the screen with the various trainings. If you click which training you would like, the next screen will have a "get started" button in the bottom left-hand side of the screen. Once you press "get started" it will ask for you to log in. If this is the first time, click on "not a member, register now" button on the right side of the screen. After registering it will be self-explanatory of the steps for registering for that training session.

Foster care and Adoptive Community. This is a webpage that offers a large variety of online training that varies from topics of alcohol and drug related issues, behavioral issues, disorders, educational and school issues, general issues, foster care issues, racial and cultural issues, health and medical issues, development of infant, toddlers or preschoolers, preteens and teen development and reactive attachment and bonding issues. To get a brief description of the training you may click on the title and a new window will show with description of the curriculum used, what is covered and the goals. These courses range from 2 to 5 credit hours and range from $5 to $25 depending on the segment you choose.

The link is http://www.fosterparents.com/

- When you open the link, the webpage will show a button the top of the page saying "Click for Online Training". After clicking the button a new page will show with step-by-step instructions for registering for the courses. Below the directions is the list of courses that are offered by section.

Child Care Resource and Referral: This is a resource that offers a variety of courses offered within Minnesota. This is a catalog, within page 24 to 27 is a list of courses offered specifically in Blue Earth County and surrounding. Depending upon the course the credit hours vary as does the free amounts.

The first link is http://www.c2r2.org/. After opening this link there is an orange tab that says, "I am a provider," click on this and a drop down menu will be provided. Off of the drop down menu the first option is "looking for professional development opportunities." Click that and it

will redirect to a new page. The new page will be Professional Development Opportunities and will show two links, one is Spring 2013 Training Catalog and the other is Training Registration Form. By clicking on the Training Catalog it will redirect to a catalog of various courses and trainings as well as directions on how to apply and the cancellation policies.

- To register there is a form you can send in, a phone number to call, or you may register online with a credit card and these directions can be found on the Professional Development Opportunities webpage. Directions are under the catalog and training registration form file.

CPR/First Aid: These are in-classroom training sessions placed in Mankato. These session prices are below each date but are $30. It does not determine how much credit hours the courses are worth. Navigation to read the descriptions, time and dates of the CPR/First Aid classes the same as #6: Child Care and Referral.

The first link is http://www.c2r2.org/. After opening this link there is an orange tab that says, "I am a provider." Clink on this and a drop down menu will be provided. Off of the drop down menu the first options is "looking for professional development opportunities." Click that and it will redirect to a new page. The new page will be Professional Development Opportunities and will show two links, one is Spring 2013 Training Catalog and the other is Training Registration Form. The CPR/First Aid session is on Page 20, the Mankato/Blue Earth County specific information in on the right-hand side of page 20.

- To register there is a form you can send in, a phone number to call, or you may register online with a credit card and these directions can be found on the Professional Development Opportunities webpage. Directions are under the catalog and training registration form file.

Children's Mental Health Program; Lessons from the Field. These are free online courses you may complete. They do not decipher the credit hours for foster care license, but they offer a variety of courses.

Open this link and it will bring you directly to the courses. After opening the link you may choose whatever course interests you, or multiple. It will open a new page for various options of downloading the power point, materials used and watching the video of the training. Click on the links for the information and become familiar with the training.
http://www.cmh.umn.edu/events/lessonsfromthefield.html

DHS-0139-ENG 1-10

Agreement Between Foster Parents and Placement Agency

In Minnesota, the local county/tribal social service agency is responsible for providing child welfare services. In many cases, the court system has oversight responsibilities for the provision of those services. When children are placed in foster care, it is important that the agency supervising a child's placement, the parent(s), and foster parents, work together to ensure that a child is safe, that they have permanency and stability in their living situation, and that their well-being needs are being met. To ensure these outcomes, parent(s), foster parents, and agencies share responsibility for the care of a child. All must work together to ensure that the standards and policies set forth by law, and by the Commissioner of the Minnesota Department of Human Services, are understood and met. Parent(s), foster parents and the agency need to understand not only what is expected of them, but what they may expect of each other.

The foster parents may expect the agency to:

- Consider foster care a temporary living situation for a child. A child will be safely reunited with their parent(s) as soon as possible. If a child cannot return safely home to his or their parents, county/tribal social service staff will seek families, first considering relatives and kin, to permanently care for a child.
- Diligently search and consider a child's maternal and paternal relatives and kin to care for them. When a child is placed in a non-relative foster home, the agency will continue to search until a relative who can care for them is found, or continue the search for at least six months. If a child is not reunified with their parent(s), the agency will search and consider relatives again at the time of permanency decision making, unless the court relieves the agency of this responsibility.
- Place a child with their siblings. If siblings cannot be placed together safely, the agency must ensure that they have regular visitation and contact.
- Practice concurrent permanency planning, meaning that the agency is providing services to support reunification of a child with their parent(s), and at the same time planning for an alternative outcome, such as transfer of permanent legal and physical custody to a relative, or adoption.
- Conduct orientation sessions for foster parents that explain the respective roles of the agency, foster parents, and a child's family; explain concurrent permanency planning; and provide information about relevant laws and rules regarding responsibilities of the foster parent.
- Provide the foster parent with training opportunities.
- Help foster parents make informed decisions as to the suitability of their home to care for a particular child before placement, and provide them with the following information before placement, or as the information becomes available:
  - Provide all information about a child and their family that is pertinent to the foster parents' ability to effectively carry out their role
  - Describe a child's behaviors and needs
  - Describe the plan for a child, including such things as estimated length of placement, concurrent permanency goals, and the visitation plan that will preserve a child's family, cultural and community connections
  - Inform the foster parents that a decision not to take a particular child will not jeopardize either the continuance of their license, or consideration of their home for other children
  - Inform the foster parents of their role in supporting reunification efforts, preserving a child's connections and permanency planning.
- Make every effort to respect and support relative and kinship foster parents by understanding that they have a relationship with a child's parent(s) and extended family.
- Provide the same supports to relative foster parents as the agency provides to non-relative foster parents.
- Include foster parents in development and implementation of the out-of-home placement plan, incorporating services needed in the foster home to ensure a child's well-being, and supporting placement stability. Foster parents are to sign and be provided with a copy of the out-of-home placement plan.
- Send foster parents written notice of any administrative review and/or court hearings, and ensure that the foster parent is aware of their right to be heard.
- Help the foster parent(s) to address everyday needs of a child's growth and development. Assess and provide services to assist the foster parents with a child's significant needs.

- Visit a child monthly, with a majority of those visits to take place in the family foster home. These visits are to help foster parents address any problems they may be having, ensure that a child's needs are being met, including their need for routine or specialized medical care, and that they are attending school.
- Explain the importance of visitation in maintaining a child's bond with their parents and siblings, and how the foster parents' support of visitation can help preserve a child's connections and support permanency planning.
- Establish a visitation plan for a child and their parents and siblings that takes the foster parents' lifestyle and plans into consideration. The plan clearly sets out the schedule of visits so the parent(s), foster parents, and child can plan accordingly. The visitation plan is reviewed periodically.
- Help the foster parents to understand that visitation may affect a child's behavior, and assist them to develop strategies that will support a child to maintain relationships with their parent(s) and siblings.
- Inform foster parents about Minnesota's foster care basic and difficulty of care payment schedule. The agency will assess every child entering foster care for a difficulty of care payment, and provide the foster parent with the amount of the payment in writing, and how to request a fair hearing if they disagree with the difficulty of care rating.
- Provide the foster parents with a child's medical history, immunization record, history of significant illnesses, history of allergic reactions, or any other particular medical or dental needs they may have.
- Ensure that child's comprehensive health needs are met, including: physical, mental, chemical, developmental, dental, and visual health. The agency will ensure that a child's health needs are assessed and issues are appropriately addressed. This would include clear instructions to the foster parents about their role and responsibility to ensure a child's health needs are met while in their care.
- Include a child's parent(s) in the planning and treatment decisions, and provision of a child's health care and education, unless parental rights have been terminated or the court has restricted parents' involvement in planning and providing for their child's well-being.

Support placement stability.

- Assess foster parents concerns about parenting a child with additional strategies and/or support services to ensure the child's needs are safely met in the foster home.
- If a foster parent requests removal of a child from their home, prior to removal the foster parent and the agency will work together to determine if additional supports or services can maintain a child in the home. A foster child experiences an unplanned move only when the agency is concerned about a child's health or safety, or when all resources to support the placement stability have been exhausted.
- Unless the agency determines that there is an issue that affects a child's health or safety, agency staff will remove a child from the foster home within 45 days of the foster parents' request.
- Guide the foster parents in preparing for a child to leave their home. Help the foster family understand and deal with the effect of a child leaving their home, including guiding them in a discussion about how this placement experience will affect whether they choose to be a foster parent to another child.
- Engage the foster family in an ongoing discussion and evaluation about their role and responsibilities, and their need for support both during and after a child's placement.
- Provide foster parents with written and verbal opportunities to evaluate agency practices.
- Describe the state liability insurance coverage provided for all licensed child foster parents.

The agency may expect the foster parents to:

- Allow representatives of the supervising agency, or the commissioner of the Minnesota Department of Human Services, to visit their home for the purpose of foster care planning, placement and supervision.
- Accept for foster care placement only children who are placed by the supervising agency, or placed in connection with a plan approved by the supervising agency.
- Consider foster care a temporary living situation for a child. Recognize that the placing agency is responsible for making and carrying out the concurrent permanency plan for a child. This includes, but is not restricted to, searching for a child's relatives, planning for returning a child to their parent, or implementing an alternative permanent plan that transfers permanent legal and physical custody of a child to a relative, or places them in an adoptive home.

- Provide a child with a safe and healthy family life that promotes a child's development as a physically and mentally healthy person. This includes:
  - Providing for the basic needs of a child.
  - Including a child in the activities of daily family life as much as possible. Considering a child's age, their needs, and the provisions in the out-of-home placement plan, these activities would include eating meals with the family and participating in recreational activities.
  - Facilitating a child's school attendance.
  - Providing a child with timely access to basic, emergency, and specialized medical, mental health, and dental care and treatment by qualified professional.
  - Encouraging age-appropriate activities, exercise and recreation.
  - Explaining house-rules and telling the foster child about their expectations regarding behavior, treatment of others and household items.
  - Providing supervision in accordance with a child's age, needs, and the out-of-home placement plan. The foster parents must know the whereabouts of a foster child in their care.
  - Make every effort to increase their understanding of and respect for the religious, racial and cultural heritage of a child and their family.
- Actively cooperate and participate with a child's case manager and other appropriate professionals to develop and implement a child's out-of-home placement plan.
- Respect the importance of a child's birth family to them and make every effort, as recommended by the agency, to preserve a child's connections and relationship with their family. This can be accomplished by:
  - Respecting the importance of the out-of-home placement plan and comply with its requirements. A foster family must be willing to make adjustments to accommodate visitation.
  - Including a child's parent(s) in the planning and provision of their child's health care and education, as directed by the agency.
  - Acknowledging the effect of separation from family on a child, and the difficulties they may experience adjusting to a new environment.
- Make every effort to understand and be patient in addressing challenging behaviors of a child that result from separation and grieving.
- Report to the supervising agency any plan to move the family's residence, or any change in household membership.
- Report to the supervising agency any serious family illness, and any serious illness or accident involving a foster child.
- Comply with agency policies prohibiting corporal punishment, relying instead upon other constructive methods of discipline.
- Consult with the supervising agency, and obtain consent before taking a child out of the state or out of the foster home for longer than three nights.
- Maintain continuous contact with the supervising agency regarding matters significant to the adjustment and welfare of a child, including reporting behaviors, problematic or otherwise, that would help the agency understand a child's current emotional and behavioral state.
- Support placement stability for a child while they are in foster care. Seek consultation and direction from the placing agency if issues arise that cannot be resolved between the foster parents and the foster child. Prior to requesting the placing agency to remove a child from a foster parents' care, the foster parents shall assess with the agency if additional strategies or support services that can resolve the issues leading to the request for removal. When all resources have been exhausted, provide the agency with sufficient time (45, days if possible) to make an adequate plan for a child.
- Keep information about a child and their family confidential, and discuss only with appropriate agency staff members or other professionals designated by the agency.
- Ensure that the social worker and child have opportunities to meet alone.
- Participate in training and educational opportunities provided by the agency.

We understand the policies and practices and our respective roles. We agree to carry out our responsibilities and comply with the requirements contained in Minnesota Statutes and Rules at all times while providing foster care.

FOSTER PARENT	DATE
FOSTER PARENT	DATE
CHILD FOSTER CARE SOCIAL WORKER	DATE
DIRECTOR / SUPERVISOR	DATE

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

ក្រណាត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែពត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកការន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມຕໍ່ໄປນີ້ຟຣີ, ຈົ່ງຖາມບໍ່ພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທຣ ຫາຕາມເລກໂທຣ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin nầy miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (1-08)

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

APPENDIX B

Foster Child Information Sheet

Instructions: The placement worker is to complete the following items and leave the form with the foster parents at the time of the child's placement. If the placement is an emergency, this form is to be completed within 48 hours of placement.

Placement Worker: _____

Phone: Office: _____ Home: _____

CHILD:

Name: _____ Sex: _____

Age: _____ Date of birth: _____ Date of Placement: _____

Physical description: _____

_____

Reason for placement: _____

_____

Behavior comments: _____

_____

FAMILY INFORMATION:

Name of biological or custodial parent(s): _____

Address: _____

Phone: _____

Siblings: _____

Person to be notified in emergency if parent(s) cannot be located: _____

MEDICAL INFORMATION:

Has child had pre-placement physical examination? _____

Comments: _____

_____

Known medical problems, (enuresis [bed-wetting], allergies, etc.): _____

_____

SCHOOL:

Is child to be enrolled in school? _____ Grade: _____

Comments: _____

_____

VISITATION PLAN: _____

_____

Estimated length of placement: _____

PAYMENT INFORMATION:

Foster care rate: $_____ per month

Difficulty-of-care rate? $_____ Total: $_____

Eligibility for medical payments:

Is child on MA (Medical Assistance)? _____

If yes, MA number: _____

If no, will application be made for MA? _____

Comments regarding MA and/or payment of medical/dental bills: _____

_____

Clothing:

Does child need initial clothing allowance? _____

Who is responsible? Custodial parents ____ County

What is maximum dollar amount approved by social worker? _____
(receipts must be turned in for reimbursement)

ADDITIONAL COMMENTS REGARDING PLACEMENT:

G:FCF.4

APPENDIX C

Blue Earth County Human Services
Children's Services Staff List

Phil Claussen, Human Services Director – 304-4228

Social Services

Trish Reedstrom, Program Manager	304-4459
Anne Broskoff, Supervisor	304-4292

Central Intake/Assessment Team

Colleen Fitzpatrick, Intake Worker	304-4444
Holly Barkeim, CPS Assessment	304-4448
Emilia Tyminski, CPS Assessment	304-4070
Intake Fax Number	304-4305

Children's Mental Health Case Management

Gina Guappone, Case Manager	304-4462
Michael Kirkwood, Adolescent CD	304-4067
Kari Leider, Case Manager	304-4477
Jessica McLaughlin, Case Manager	304-4272
Tim Wright, Case Manager	304-4328

Child Protection Case Management

Ann Gustafson, Case Manager	304-4452
Sarah Johnson, Case Manager	304-4194
Dara Stevens, Case Manager	304-4186
Tiana Iverson, Case Manager	304-4498
Kathy Kopka, Case Manager	304-4158

Foster Care Licensing and Support

Joanna Petersen, Social Worker	304-4167

Vulnerable Adults

Colleen Fitzpatrick	304-4444

SCCP and Supportive Housing

South Central Supportive Housing Initiative

Sue Bair-Braam, Case Manager	304-4412
Becky Bequette, Case Manager	304-4446
Andy Elofson, Case Manager	304-4291
Jennifer Fuller, Case Manager	304-4069
Lisa Walter, Case Manager	304-4267
Office at 8-Plex	386-1071

Second-Floor Desk

Helena Mattison – 304-4434
Renee Kinish – 304-4433
First-Floor Desk – 304-4335

Mailing Address

Blue Earth County Human Services
410 S. Fifth Street
PO Box 3526
Mankato, MN 56002-3526

Telephone Number: (507) 304-4319
Fax Number: (507) 304-4387

CC/, 4-5-13, N:/Child Services Staff.Doc

APPENDIX D

CORRECTION ORDER

☐ Child Foster Care 2960.3000 - 2960.3340 ☐ Adult Foster Care 9555.5050 - 9555.6265
☐ Family Child Care 9502.0300 – 9502.0445 ☐ Family Adult Day Services Minn. Stat. sec. 245A.143

Provider Name:	.	License Number:		Class of License:	
Provider Address:			City, State, Zip:		
Licensing Worker:	Joanna Petersen	Phone:	(507)304-4167	Date:	__/__/____
Agency Name	Blue Earth County Human Services				
Agency Address:	Blue Earth County Human Services 410 South 5th Street, PO Box 3526		City, State, Zip:	Mankato, MN 56001-	

Provider directions: The following violations of the Rule were documented on ___/___/____ and must be corrected. Please submit evidence of correction by ___/___/____. In the space provided, state how each violation was corrected and the date the correction was made. At the bottom sign and date this form and return it to your licensor. Your signature certifies that all the corrections listed below have been made.

CITATION/RULE PART	VIOLATION	DEADLINE FOR CORRECTION	DATE CORRECTED	HOW CORRECTED
			__/__/____	
			__/__/____	
			__/__/____	
			__/__/____	
			__/__/____	
			__/__/____	
			__/__/____	
			__/__/____	

Licensor signature _____ Date ___/___/____
Provider signature _____ Date ___/___/____

Posting requirement for family child care providers: Upon receipt of any correction order or order of conditional license issued by the Commissioner under Minnesota Statutes, section 245A.06, notwithstanding a pending request for reconsideration of the correction order or conditional license by the license holder, the license holder shall post the correction order or order of conditional license in a place that is conspicuous to the people receiving services and to all visitors to the program for two years. When the correction order or order of conditional license is accompanied by a maltreatment investigation memorandum under section 626.556 or 626.557, the investigation memorandum shall be posted with the correction order or order of conditional license.

If you believe the contents of this correction order to be in error, you may ask the Commissioner of the Department of Human Services to reconsider the parts of the correction order that you believe to be in error. The request for reconsideration must be in writing and received by the Commissioner within 20 calendar days after receipt of this correction order. A request for reconsideration of a correction order does not stay any of the provisions of the correction order. Your request for reconsideration must be sent to:

Minnesota Department of Human Services Licensing Division, Family Systems Unit, PO Box 64242, St. Paul, MN 55164-0242

APPENDIX E

Provider Grievance Form

Name of Provider:

_____

Contact Information:

_____

_____

Nature of Complaint:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Use additional sheets as necessary.)

_____ _____

Date Signature of Provider

Car Seat Information:

- Child to remain in a car seat or a booster seat as long as possible until the child reaches the top height or weight limit specified by car seat's manufacturer.
- Recommended to keep a child in a booster seat based upon their size rather than age.
- Requirement to still take car seat training course for foster care.
- Website for information:
  - www.buckleupkids.state.mn.us
  - www.carseatsmadesimple.org

Heights and Weights:

- Birth to 12 months: 20 to 30 pounds to switch to forward facing, most likely after the first year.
  - Longer length babies may outgrow height requirement but may need to meet weight requirements to switch to forward facing seat.
- 1 to 4 years: 20 to 40 pounds. Forward facing. Moving from convertible car seat to a five-point harness seat.
- 4 to 8 years: Children under 4 feet, 9 inches, and 40 to 80 pounds should ride in a booster seat.
  - Shoulder belt should fit across the shoulder and chest and not across the neck or face.
- Suggested to remain in the seat until after age 13.

Creating a Safe Sleeping Environment:

- Foster parents are required to ensure requirements are being followed.
- Place your baby to sleep on their backs for every sleep.
- Place your baby to sleep on a firm sleep surface.
- Do not let your baby get too hot.
- Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment.
- The crib must comply with current crib standards for child care.
- Keep the baby away from smokers and places where people smoke.

Disorders:

ADD/ADHD: Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
Anxiety
ASD: Autism Spectrum Disorder
Bipolar disorder
Depression
FASD: Fetal Alcohol Syndrome
ODD: Oppositional Defiant Disorder
Post-Traumatic Stress Syndrome
RAD: Reactive Attachment Disorder

Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD): A neurobehavioral disorder that could start in infancy, childhood, adolescence. ADD/ADHD is characterized by impulsive behavior, inattentiveness, excessive motor activity, and short attention span. Most cases it is the result of one or more factors including anxiety, stress, psychological disorder, neurological disorder, and some organic disorder.

ADD/ADHD Symptoms:

- Persistent pattern of inattention or hyperactivity/impulsivity that is more frequently displayed and is more severe.

Autism Spectrum Disorder: Is a pervasive developmental disorder. Child may have impaired interest in external features or capacity. It is commonly diagnosed in early childhood and is typically a life-long disorder requiring adaptive strategies for a lifetime.

Autism Spectrum Symptoms:

- Impairment in social interaction, such as eye contact, facial expression, failure to develop peer relationships.
- Impairments in communication, delay in speech or abilities to initiate or sustain a conversation.
- Restricted, repetitive, or stereotyped patterns of behaviors within motor mannerisms (hand, finger, or whole body movements).

Anxiety: Is a chronic or recurring state of tension, worry, fear, and uneasiness arising from unknown or unrecognized perceptions of danger. Major types of anxiety disorder: generalized anxiety disorder, acute stress disorder, obsessive compulsive disorder, PTSD, panic disorder, and substance-induced anxiety disorder.

Anxiety Symptoms:

- Excessive amount of irrational fear and worry among emotional symptoms.
- Trouble concentrating, tense and jumpy, anticipating the worst, irritability, or restlessness.
- Range of physical symptoms, may be mistaken as medical illness.
    - Sweating, upset stomach, frequent urination and diarrhea, shortness of breath, tremors or twitches, headaches, fatigue, or insomnia.

Bipolar Disorder: Mental illnesses in which mood and affect are maladaptive. Bipolar disorder may be known as a manic depressive illness. Different types depicted as bipolar I and II.

Type I: Mood disorder characterized by a single manic episode or recurrent episodes.

Type II: One or more major depressive episodes and at least one hypomanic episode.

Bipolar Symptoms:

- Experiences unusual, intense emotional states that occur in distinct periods called "mood episodes" (extreme or hopeless state).
- Extreme energy, activity, sleep, or behavior changes.
- Person may experience severe, moderate, or mild depression, or experience hypomania where extreme energy or activity levels are high.
- May affect agitation, sleep patterns, appetite, or suicidal thoughts.

Depression: Is an emotional reaction characterized by sadness, discouragement, and despair. Depression may be characterized by reduced activity or productivity, sleep disturbance or excessive fatigue, feelings of inadequacy or hopelessness. Traits can be mild, intermittent, or severe.

Depression Symptoms:

- The more symptoms, the more supporting a diagnosis of depression.
- Interferes with ability to work, study, eat, sleep, and enjoy any activity. It presents emotions of helplessness, hopelessness, and worthlessness that are intense and unrelenting.
- Loss of interest, increase or decrease in appetite or weight gain, change in sleep pattern, increase in anger or irritability, reckless behavior, or concentration problems.

Fetal Alcohol Spectrum Disorder (FASD): Is damage to a fetus as a result of maternal alcohol consumption. FASD poses potential problems including slow growth, mental retardation, and sometimes craniofacial and limb abnormalities. A child can experience the brain damage of FASD without these external signs.

Oppositional Defiant Disorder (ODD): Persistently negative and disobedient behavior, including provocative hostility to authority and resistance to rules.

ODD Symptoms:

- May have a pattern of truancy, vandalism, theft, physical aggression.
- More commonly involves refusal to cooperate rather than destructiveness of others.

Post-Traumatic Stress Disorder (PTSD): Where individuals may react to events by having difficulty concentrating, feeling emotionally blunted or numb, being hyper alert or jumpy, having painful memories, nightmares, and sleep disturbances.

PTSD Symptoms:

- Delayed psychological reaction to experiencing an event that is outside the range of usual human experience.

- Include accidents, natural disasters, military combat, rape, and assault.
- May happen when an individual is exposed to a traumatic event.
    - Examples are combat exposure, child sexual or physical abuse, terrorist attacks, or any serious accidents such as a car wreck or any natural disasters (tornado, fire, hurricane, flood, or earthquake).

Reactive Attachment Disorder (RAD): RAD may have conditions with the individual is unable to form normal and needed emotional bonds with caregivers. Conditions may be based from early childhood experiences such as trauma, abuse, neglect, inconsistent care giving factors that interfere with normal attachment. RAD is common with children who have been sexually or physically abused or who have had multiple placements in foster homes.

RAD Symptoms:

- Disturbed and developmentally inappropriate social relatedness in social interaction.
- Inability to respond to caregivers with mixture of attachments to familiar figures.
- May show inhibited, hyper vigilant behavior where the child may look sad, unhappy, joyless, or miserable. May show minimal curiosity or withdrawal from other children.
- Children may be clingy and show separation anxiety, compliant and superficially bonded but lack emotional engagement.
- **Inhibited type:** Child's predominant disturbance is failure to initiate and respond to most social interactions in a developmentally appropriate way.
- **Disinhibited type:** Child's predominant disturbance is indiscriminate sociability or lack of selectivity in the choice of attachment figures.

Psychotropic Medications: Medications used by psychiatrists and other physicians to help their patients achieve psychological or emotional changes.

Antianxiety	Antidepressants	Antimanic	Antipsychotic
Benzodiazepines	Tricyclics		

ADD/ADHD Medications:

- Adderall (extended), Concerta (long acting), Daytrama, Desoxyn, Dexedrine or Dextrostat, Focalin or Focalin XR (extended), Methylin, Ritalin SP (extended), Ritalin LA (long acting), Strattera, Vyvanse, Metadate ER or Metadate CD (extended)

Anxiety Medications:

- Antidepressants: Prozac, Lexapro, Paxil, Zoloft, or Celexa
- Tricyclics: Clomipramine
- Benzodiazepines: Klonopin, Ativan, Xanax, or BuSpar

Autism Medications:

- Antidepressants: Prozac or Zoloft that help decrease repetitive behavior, aggression, and anxiety.
- Stimulants: Ritalin will help treat hyperactivity.

Bipolar Medications:

- Mood stabilizers: Lamictal, Neurontin, Topamax, Trileptal.
- Atypical antipsychotics: Zyprexa, Abilify, Risperdal, Geodon.
- Antidepressants: Prozac, Paxil, Zoloft, Wellbutrin.

Depression Medications:

- Antidepressants: Prozac, Zoloft, Lexapro, Paxil, or Celexa.
- Serotonin norepinephrine reuptake inhibitors (SNRI): Effexor and Cymbalta.